



## APPLICATION BY SOLE OWNER AND OPERATOR FOR RETAIL LICENSE

## COMMISSION USE ONLY - DO NOT WRITE IN THIS SPACE

STAMP LICENSE TYPE HERE	DATE ISSUED	DATE EXPIRES	EXISTING LICENSE NUMBER	LICENSE NUMBER
	LICENSEE'S NAME			FEE ENCLOSED
	DOING BUSINESS AS			TELEPHONE NUMBER
	ADDRESS			COUNTY
	CITY			ADMINISTRATIVE CODES
	LEGAL DESCRIPTION			
MAILING ADDRESS				
ZIP CODE				
DIRECTOR				

## USE ONLY BLACK INK TO COMPLETE THIS APPLICATION - PLEASE TYPE OR PRINT THE FOLLOWING INFORMATION

I, the undersigned, hereby apply to the Missouri Gaming Commission for the license and upon the premises described herein, and for the purposes of inducing the Commission to issue me said license, I make the statements and answers hereinafter set out.

I am, and will continue to be throughout the term for which this license is sought, the Sole Owner and Operator of the business for which this license is sought.

1. FULL NAME AS SOLE OWNER AND OPERATOR (last, first, middle) \_\_\_\_\_  
RESIDENCE: \_\_\_\_\_  
TELEPHONE NO.: HOME: ( ) BUSINESS: ( ) SSN \_\_\_\_\_  
PLACE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

2. List all addresses for preceding ten years (begin with current address)


3. If you are a naturalized citizen, give the date and court in which you were admitted to citizenship  
DATE \_\_\_\_\_ COURT \_\_\_\_\_
4. In what city, town or village do you pay taxes? \_\_\_\_\_
5. Do you or any member of your household or immediate family hold a direct or indirect interest in any other license issued by the Missouri Supervisor of Liquor Control, which is now in force? If so, list each licensee name and location of premises: \_\_\_\_\_
6. Have you, or any member of your household or immediate family ever held a license from a Supervisor of Liquor Control, or ever had a financial interest in any entity which held such a license? If so, list each licensee name and location of premises: \_\_\_\_\_
7. Have you or any member of your household or immediate family ever made application for a license which was denied by the licensing authority of any state, county or city? If so, give details: \_\_\_\_\_
8. Have you or any member of your household or immediate family ever held a license or had a financial interest in a license which was suspended or revoked by the licensing authority of any state, county or city? If so, give details: \_\_\_\_\_
9. Is there now employed, or will you employ, in the business sought to be licensed, any person who has at any time held or had an interest in a license which was suspended, revoked, or denied, or any person who has been convicted of any crime? If so, give details: \_\_\_\_\_
10. Have you ever been employed by any person, partnership, or corporation that had a license suspended or revoked by a Supervisor of Liquor Control? If so, give details: \_\_\_\_\_
11. Have you, or any person with a direct or indirect interest in the business been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, law of the State of Missouri or of any other state, or country? If so, give details: \_\_\_\_\_
12. Has any corporation for which you have been managing officer, shareholder, or officer ever been charged with, indicted for, received a suspended imposition of sentence, or convicted of a violation of any Federal law, law of the State of Missouri or any other state, or country? If so, give details: \_\_\_\_\_
13. Have you or any person with a direct or indirect interest in the business ever been convicted of the violation of any city ordinance relating to intoxicating liquor, non-intoxicating beer, gambling, immorality, fighting, peace disturbance or narcotics? If so, give details: \_\_\_\_\_
14. Have you or any person with a direct or indirect interest in the business ever been convicted of any Federal law or law of any state concerning intoxicating liquor or non-intoxicating beer? If so, give details: \_\_\_\_\_

15. Do you have any interest directly or indirectly in any brewery, winery, distillery, rectifying or blending plant, or gasohol facility, or wholesale liquor or beer concern, either as part owner, stockholder, agent, employee or otherwise? If so, give details \_\_\_\_\_
16. State the name and address of any distiller, wholesaler, winemaker, brewer, or any employee, officer or agent thereof who has, or who will have any financial interest, if any, directly or indirectly, in the business in which you seek a license: \_\_\_\_\_
17. State the name of any distiller, wholesaler, brewer, or any employee, officer, or agent thereof who has loaned or who will directly or indirectly, loan, give away, or furnish equipment, money, credit, or property of any kind to you except ordinary commercial credit for intoxicating liquor and/or non-intoxicating beer sold to you, and except such articles and services, if any, as are permitted by the regulations of the Commission (if none, so state) \_\_\_\_\_
18. State the name and address of any person, firm, or corporation who has or will have directly or indirectly a financial investment in the business for which you seek a license; except those you listed in question 17. (State the nature of such interest.) (If none, so state) \_\_\_\_\_
19. What is the distance in feet, measured in a straight line, from the nearest point of the above described premises to the nearest point of the premises of the nearest school, church, or other building regularly used as a place of religious worship? \_\_\_\_\_
20. In what bank(s), or other financial institution(s) does/will the applicant maintain the financial accounts for the business seeking license herein? (Include both name and address.) \_\_\_\_\_
21. Is this application being made by you as a subterfuge to permit any person other than yourself to secure a license from the Commission, in your name, for his benefit? \_\_\_\_\_

IMPORTANT

You are required to report any change of fact contained herein within ten (10) days!

I understand that false answers made herein may result in the Commission's denial of this license application. I agree that if any statements or answers made herein are untrue and the license herein applied for is granted, such license may be revoked or suspended by the Commission.

I understand that any license granted by the Commission will be subject to the current provisions of the Rules and Regulations of the Commission, and failure to conform thereto will subject my license to suspension or revocation by the Commission. And further, I agree to allow inspections made in accordance with the Rules and Regulations of the Commission, and I authorize the Commission or its duly appointed agents to examine and secure copies of any business records or documents established in connection with this business including, but not limited to, those on file with my bookkeeper.

I authorize the Commission or its duly appointed agents to examine and secure copies of financial records consisting of signature cards, checking and savings accounts, notes and loan documents, deposit and withdrawal records, and escrow documents of my financial institution(s) or any financial records established in connection with the business.

I authorize the Commission or its duly appointed agents to conduct a criminal record check of the undersigned individual.

I, \_\_\_\_\_, of lawful age, being first duly sworn upon my oath, depose and say that I have read this application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

DATE	SOLE OWNER AND OPERATOR SIGNATURE
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NOTARY PUBLIC EMBOSSEER SEAL	STATE OF MISSOURI		COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS		
	DAY OF 19		USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)			

FOR OFFICE USE ONLY		DIRECTOR
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	